

COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

September 28, 2007

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **TERMINATION OF MENTAL HEALTH SERVICES AGREEMENT FOR
THE PROVISION OF SPECIALTY MENTAL HEALTH SERVICES**

This is to advise your Board of the termination of the Mental Health Services Agreement Medi-Cal Professional Services (MH26037) with Laura Capizzi Nelson, MFT, with the Los Angeles County Department of Mental Health, effective July 24, 2007, pursuant to Paragraph 2B (1) of the Agreement at the written request of the contractor.

The Board approved agreement formats identified on June 20, 2007, agenda item 59, in regards to the renewal of Mental Health Services Agreements Medi-Cal Professional Services.

MJS:RK:EM:JG

Attachment

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Carole Mathews
Gayle James
Richard Kushi
Mike Motodani

LM-Bd.notif/term,Laura Cappizzi Nelson, MFT. Agrt.IK26037

"To Enrich Lives Through Effective and Caring Service"

Laura Capizzi Nelson, MA, MFT

Marriage & Family Therapist
Individual, Couple, Relationship Therapy
License # MFT 22798

7334 Topanga Cyn. Blvd., Suite 213
Canoga Park, CA 91303

(818) 704-8541

(818) 346-9032

Medi Cal Provider #
MFC 2279800 (MF 2279800)

May 8, 2007

Re: Conclusion of Provider Services
Los Angeles Department of Mental Health
Los Angeles, Calif.

To Whom It May Concern:

This letter will serve to notify Los Angeles Department of Mental Health that I will no longer be participating as a network Provider. My Credentialing expired April 30, 2007. I understand that I will continue to receive mailings until my Contract expires.

Thank you for updating this information.

Most sincerely
Laura Capizzi Nelson